

REQUEST FOR RESTITUTION

COMMONWEALTH v. _____ Court Date: _____

VICTIM'S INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

A. Economic Loss

1. Property Loss

List the property that was lost as a result of this crime, this is property that has not and is not expected to be recovered. (Attach any relevant receipts)

<u>ITEM</u>	<u>MAKE</u> (if applicable)	<u>MODEL</u> (if applicable)	<u>VALUE</u>

\$ _____

2. Property Damage

List property damaged as a result of this crime. (Attach estimates/bills for repair)

<u>ITEM</u>	<u>MAKE</u>	<u>MODEL</u>	<u>VALUE</u>

\$ _____

Was the property recovered by law enforcement? () Yes () No
If recovered, has the property been returned to you? () Yes () No

3. Total Medical/Hospital Costs (Attach copies of bills)

\$ _____

TOTAL LOSS: \$ _____

B. REIMBURSEMENT RECEIVED

1. Property Insurance

Name and address of insurance company:

Policy Number: _____

2. Hospital/Medical	\$ _____
3. Restitution Received	\$ _____
4. Other Reimbursement	\$ _____

TOTAL REIMBURSEMENT: \$ _____

NET LOSS-**RESTITUTION**: \$ _____
(Total Loss minus Total Reimbursement)

By signing below I swear that the above information is true and accurate to the best of my knowledge.

Signature of victim

Date

Attach additional pages if necessary. PLEASE REMEMBER: if restitution is ordered in this case you must keep the Clerk of Court advised of your current address until paid in full.

*Please sign and return within **10 days** to:*

Victim-Witness Assistance Program
Post Office Box 40
Yorktown, VA 23690